

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 18, 2014
Secretary of State
CC1932558779

Entity Name: EMERGENCY MEDICAL ASSOCIATES OF TAMPA BAY, LLC

Current Principal Place of Business:

2727 W. DR. MARTIN LUTHER KING BLVD., #300
TAMPA, FL 33607

Current Mailing Address:

2727 W. DR. MARTIN LUTHER KING BLVD., #300
TAMPA, FL 33607

FEI Number: 45-2773050

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCCONNELL, WILLIAM E
2727 W. DR. MARTIN LUTHER KING BLVD., #300
TAMPA, FL 33607 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name ALEXANDER, ANDREW MD
Address 2727 W. DR. MARTIN LUTHER KING
BLVD., #300
City-State-Zip: TAMPA FL 33607

Title MGR
Name CARMONA, MANUEL MD
Address 2727 W. DR. MARTIN LUTHER KING
BLVD., #300
City-State-Zip: TAMPA FL 33607

Title MGR
Name KAHL, JAKUB MD
Address 2727 W. DR. MARTIN LUTHER KING
BLVD., #300
City-State-Zip: TAMPA FL 33607

Title MGR
Name PIDALA, ANTHONY IJR, MD
Address 2727 W. DR. MARTIN LUTHER KING
BLVD., #300
City-State-Zip: TAMPA FL 33607

Title CEO
Name MCCONNELL, WILLIAM E DR.
Address 2727 W. DR. MARTIN LUTHER KING
BLVD., #300
SUITE 300
City-State-Zip: TAMPA FL 33607

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM E MCCONNELL

CEO

04/18/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date